

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 134
Registered No. 65

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp. Ward _____
(If birth occurred in a hospital or institution, give NAME instead of street and number)

2. Full name of child

James Patrick Hogan

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth _____

6. Legitimate?

Yes

7. Date

of birth 4-10-29
Month Day Year

8. FATHER

Full name

James Harold Hogan

14. MOTHER

Full maiden name

Margaret Lenora Murray

9. Residence

(Usual place of abode)

Globe
Ariz.

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Globe
Ariz.

If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 28 (Years)

16. Color or race

White

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

St. Paul
Minn.

(State or country)

18. Birthplace (city or place)

Uvalde
Texas

(State or country)

13. Occupation

Nature of industry

Mail clerk

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:45 a.m. on the date above stated
(Born alive or stillborn)

Signature

C. W. Adams

Physician
(Physician or midwife)

Address

Box 636 Globe Ariz.

Filed

5/8 1929 G. E. Wightman

Registrar

Registrar

Given name added from
a supplemental report.

Month, day, year

185-410-448